

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Complete if Known		
				Application Number		10/776,021
				Filing Date		February 9, 2004
				First Named Inventor		SHEHADA, Ramez Emile Necola
				Art Unit		3761
				Examiner Name		HAND, Melanie Jo
Sheet	1	of	1	Attorney Docket Number		064693-0103

U.S. PATENT DOCUMENTS				
Examiner Initials*	Cite No. ¹	Document Number Number -Kind Code ² (if known)	Issue Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
	1	US-6,210,346	04-03-2001	HALL et al.

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	T ⁶
	2	EP-1 138 343 A	10-04-2001	INTEGRA LIFE SCIENCES	
	3	WO 02/096286 A	12-05-2002	DIAMETRICS MEDICAL LTD.	

Examiner Signature	Date Considered
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.
¹Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language translation is attached.